

**APPLICATION FOR INDIGENT DEFENSE SERVICES
FOR A MINOR CHILD IN A JUVENILE CASE**

NOTICE: You may be required to submit verification of your Gross Income. Verification of Gross Income includes one of the following: 1) most recent pay stub reflecting current wages, or 2) most recent W2, or 3) most recent Tax Return, or 4) Written Statement from Employer.

TITLE OF CASE: _____

CHILD FOR WHOM SERVICES ARE SOUGHT: _____

CASE NUMBER(S): _____

TYPE OF CASE: Informal Adjustment Unruly Delinquency
(Circle all that apply) Deprivation TPR Other

Please Print All Information

PART A

This application is regarding the income/assets of _____
(name of custodial parent or parents of child for whom services are sought)

If more than one custodial parent, they may submit one application together, or may each submit an application.

Is there another custodial parent other than that listed in the question above? YES _____ NO _____

If yes, name of other custodial parent: _____

Name of person completing application: _____

Custodial parent's home phone number: _____

Work: _____ Cell: _____

Custodial parent's full mailing address: _____

Street Address (if different): _____

Date of birth: _____

Has custodial parent ever had an appointed lawyer? YES _____ NO _____

If yes, who was the attorney? _____

If yes, when and in what county/state? _____

PART B

Does the custodial parent receive any of the following governmental benefits:

TANF: YES _____ NO _____ Medical Assistance for the Elderly: YES _____ NO _____

Supplemental Security Income: YES _____ NO _____

If you answered yes to receiving TANF, Supplemental Security Income, OR Medical Assistance for the Elderly, skip parts C, D, and E and go to Part F.

If you answered no to receiving TANF, Supplemental Security Income, AND Medical Assistance for the Elderly, complete the entire application in order for the child's eligibility for indigent defense services to be determined.

PART C

Is the custodial parent employed? YES _____ NO _____

If yes, print employer's name, telephone number and address: _____

What type of work? _____

What is the supervisor's name? _____

Name of spouse of custodial parent: _____

Is spouse employed? YES _____ NO _____ NOT MARRIED _____

Custodial parent's monthly		Cash on Hand	\$ _____
income before taxes	\$ _____	Bank Accounts	\$ _____
Other custodial parent's monthly		Tax refund coming	\$ _____
income before taxes	\$ _____	Stocks/Bonds	\$ _____
Spouse's monthly income		Land/Real Estate	\$ _____
before taxes	\$ _____		
Governmental/Public Assistance:	\$ _____	Value of Home/Mobile Home	\$ _____
Unemployment	\$ _____	Value of Vehicles	\$ _____
Pension	\$ _____	Livestock	\$ _____
VA Disability	\$ _____	Household Goods	\$ _____
Military Allotment	\$ _____		
Spousal/Child support	\$ _____	Other Assets	\$ _____
Other Income	\$ _____		
Total Monthly Income	\$ _____	Total Assets	\$ _____

PART D

If the custodial parent owns or is buying property listed below, circle the item and then fill in the information about the property.

Property:	What is the make/model & year	Cost when you bought it	Present Value	How much do you still owe on it?
Car				
Second Car				
Pickup				
Truck				
Motorcycle				
Recreational Vehicle				
House / Mobile Home				
Other Real Estate				
Other Property: _____				
Other Property: _____				

PART E

Names of People living in custodial parent's household:

	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Names, ages, and relationship of other dependents or others you support financially

1.	_____	_____	_____
2.	_____	_____	_____

Are there any extraordinary financial conditions that would prevent you from hiring a private lawyer?

YES _____ NO _____ If yes, please explain: _____

PART F

I have answered all questions honestly and truthfully to the best of my knowledge and I am requesting that a lawyer be appointed to represent the child. I understand that the information supplied on this form is not confidential. I also understand that if I have supplied false information in the application, it may lead to criminal prosecution and conviction.

If counsel is appointed for the child, I understand that I have a continuing responsibility to inform the court of any changes in the custodial parent(s)' financial condition. I understand that even if I am found eligible to have the costs of an attorney and related expenses paid for the child at this time, I may be required to pay back those expenses to the State at a later time.

Date: _____ Signature _____

FOR COURT USE ONLY

Case Title(s): _____

Applicant/custodial parent is found to be:

_____ Not Indigent. The Application for appointed defense services is denied.

_____ Indigent. Counsel is to be provided by the ND Commission on Legal Counsel for Indigents for the minor child _____.

(Name of child)

Date: _____ Approved: _____

Judge of District Court or Designee